2016 Research Training Symposium and Poster Session

CALL FOR ABSTRACTS

DEADLINE: 11:59PM on August 31st, 2016

Abstract Guidelines
Submitted abstracts will be compiled into the 2016 Research Training Symposium and Poster Session Abstract Book. The creation of this abstract book is a time-intensive project; therefore, we appreciate strict adherence to the guidelines below. These guidelines are designed to assist authors with submitting their abstracts in an “editor-friendly” format. Proper completion and timely electronic submission of your abstracts will help us complete this project effectively and efficiently.

Abstract Submission
Abstracts are submitted through a Qualtrics survey: http://bit.ly/29bDEZn
Please compose your abstract in a Microsoft Word document and then copy and paste the sections into the Qualtrics survey linked above. Once you submit the survey you will not be able to make adjustments.

Fonts
Please do not use symbols or non-standard characters. Do not include images, charts, tables, linked data or hyperlinks.

Character Limits
The abstract body (introduction, methods, results, and conclusions) has a total limit of 2200 characters, including spaces. IMPORTANT: If the total “characters with spaces” count exceeds 2200, THE ABSTRACT WILL BE RETURNED TO THE SUBMITTER FOR REVISION. Qualtrics will not limit the amount of text you may enter in any section, it is the submitter’s responsibility to ensure the abstract body does not exceed 2200 total characters.

Please submit your abstracts through Qualtrics http://bit.ly/29bDEZn by 11:59PM on August 31, 2016. Please email Jessica Chafe (jchafe@dom.wustl.edu) with any questions.

Abstract guidelines continue on the next page, please refer to the sample abstract included at the end of this announcement.
ABSTRACT GUIDELINES
The following information, in the format indicated, is REQUIRED for all submitted abstracts.

Name of Submitting Author
List the submitter’s last name and first name. Then list earned doctoral degree(s). Do not list bachelor’s degrees; earned master’s degrees are optional.
e.g. Smith, Joan, MD, PhD

Research Program Affiliation (select all that apply)
e.g. CRTC Postdoctoral Program

Current Doctoral Program of Study
Select the current doctoral program(s) the submitter is currently enrolled in
If not a doctoral student please select N/A (not a doctoral student)

Institutional Affiliation
Fellows and Junior Faculty: please select the institution to which you are appointed
Predoctoral students: please select your home (degree) institution
e.g. Saint Louis University

Department Affiliation
Fellows and Junior Faculty: please select the department to which you are appointed
Predoctoral students: please select the department in which the research was conducted
e.g. Internal Medicine

Division Affiliation
(If not affiliated with a division, skip this line)
Fellows and Junior Faculty: please select the division to which you are appointed
Predoctoral students: please select the division in which the research was conducted
e.g. Infectious Diseases

Mentors:
List submitter’s mentors.
Format: first name, last name, (comma) then doctoral degree(s) separated by commas.
e.g. Bob Jones, MD
      Joan Smith, MD, PhD

Abstract Title
Please try to limit titles to one properly-formatted line of text. Title should be in “sentence case” (first word and proper nouns capitalized) with no full stop at the end.
e.g. Correlation of videofluoroscopy and nasendoscopy findings and their relationship to speech

Authors
Last name and first name initials ONLY. Submitter’s name listed as Author 1.
e.g. Smith AB
      Jones CD
      Davis EF

Introduction:
Should include the following:
1. A brief statement of the problem in a broad context and an explicit explanation of why it has basic, translational/clinical research importance.
2. A clear and concise statement of the research question(s).
3. The specific aims to answer the research question(s).

Methods:
Should describe an overview of the research methods used. Avoid non-essential technical minutiae and discipline-specific jargon.

Results:
Should describe results of the research, or if research is ongoing, describe anticipated results.

Conclusions:
Should describe the basic, translational, clinical, or public health impact of your research. For example, answer one of the following questions:
“What would be the immediate effect on the health of the public if this research project is successfully completed?”
OR
“What is the path the research should follow to have an effect?”
SAMPLE ABSTRACT CONTENT

Name of Submitting author
Pruitt, Sandi, PhD, MPH

Research Program Affiliation (select all that apply)
Cancer Prevention and Control Postdoctoral Training Program

Current Doctoral Program of Study
Medicine

Institutional Affiliation
Washington University in St. Louis School of Medicine

Department Affiliation
Internal Medicine

Division Affiliation
Health Behavior Research

Mentors:
Mario Schootman, PhD

Abstract Title
Geographic disparity in HPV vaccination among girls in six U.S. states

Authors
Pruitt SL
Schootman M

Introduction
The human papillomavirus (HPV) vaccine was approved by the Food and Drug Administration in 2006. Since that time, limited research has examined HPV vaccine uptake among adolescent females and no studies have examined the role of disparities in HPV vaccination. The purpose of this study is to examine geographic disparity in the prevalence of the HPV vaccination and to examine individual-, county-, and state-level correlates of vaccination.

Methods
Three-level random intercept logistic regression models were fitted to data from 1,709 girls aged 13-17 living in 6 U.S. states using 2008 Behavioral Risk Factor Surveillance System and 2000 U.S. Census data.

Results
Overall, 34.4% of girls were vaccinated. Significant geographical disparity across states (Var: 0.134 SE: 0.065) and counties (Var: 0.146 and SE: 0.063) was present, which was partially explained by state- and county-level poverty rates. Independent of individual-level factors, poverty had differing effects at the state- and county-level: girls in higher poverty states were less likely while girls in higher poverty counties were more likely to be vaccinated. Household income demonstrated a similar pattern to that of county-level poverty: compared to girls in the highest income families, girls in the lowest income families were more likely to be vaccinated.

Conclusions
The results of this study suggest geographic disparity in HPV vaccination and area-level effects of poverty that have not previously been studied. The higher odds of vaccination among girls living in higher poverty counties and low income families may indicate the success of publicly-funded vaccination efforts targeting the underserved or a bias against vaccination among higher income groups. Overall vaccination rates continue to be sub-optimal however and future research is needed to examine the impact of state- and local-area policies and to increase vaccination among eligible girls.